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Application Number	09/927,765
Filing Date	August 9, 2001
First Named Inventor	Michael J. Mahan
Art Unit	1645
Examiner Name	Field, Tammy K
Attorney Docket Number	482.08

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

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I am the:☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**Name ☒ Linda S. StevensonSignature ☒ *Linda S. Stevenson*Date ☒ *August 9, 2004*Telephone ☒ (510) 587-6000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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